

<b>Case Number:</b>	CM14-0098626		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/17/2002
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California, North Carolina, Colorado, Kentucky and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

altercation between two inmates, and sustaining low back pain. The mechanism of injury is not documented in the clinical notes submitted for review. Current diagnoses include thoracic/lumbar neuritis /radiculitis. Clinical note dated 04/11/14 indicated the injured worker complains of lumbar spine symptoms with pain level rated as 3/10 at its least, and 8/10 at its worst. Pain is constant and described as aching, stabbing and throbbing in character, aggravated by stooping, lifting, twisting and bending, and alleviated by ice, heat, change in position and activity. Clinical note dated 07/09/14 indicated the injured worker complains of pain in the lumbar spine, located midline at the pelvic brim and junction, with radiation into the lumbar spine and occasionally into the right interscapular area. It also radiates into the left lower extremity to the plantar aspect of the foot with associated weakness, and extends to the medial buttock and into the perineum and the left testicle. The pain is constant and described as aching, stabbing and throbbing. The injured worker indicated the pain level is 2/10, and is 8/10 at its worst. The pain is aggravated by repetitive stooping/bending, twisting/turning, pushing/pulling, and lifting and carrying limited to ten pounds. Walking comfortably cannot be accomplished due to drop foot on the left side, and standing at a counter or table is possible in less than 5 minutes, while sitting is maximally 10 minutes. Physical examination revealed difficulty in getting out of the chair noted, lumbar spine examination revealed slightly increased lordosis with moderate concavity to the right and with a slight prominence to the left, extension and rotation to the right causes slight discomfort, and when done to the left, it causes slight discomfort, lumbar spine ranges of motion showed forward flexion to 60 degrees, extension 20 degrees, rotation 30/35 degrees, and lateral bending 30/20 degrees, gait is moderately antalgic with drop foot on the left with a lurch to the left and slightly forward. Current medications include Motrin 800 milligrams three times daily and Norco 10/325 milligrams twice daily. The previous request for Norco

10/325 milligrams tab quantity sixty was certified with modification to Norco 10/325 milligrams quantity thirty on 06/24/14 .

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, there is no recent opioid risk assessments regarding possible dependence or diversion and no recent urine drug screen report were made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, Norco 10/325 milligrams quantity sixty is not medically necessary.